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SHOULD PHYSICIANS BE PHARMACISTS?

BY

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SHOULD PHYSICIANS BE PHARMACISTS?

THE writer has been much interested in reading a recent editorial in your journal upon the mutual relations of practical pharmacy and medicine. As pharmacist, and later as physician, he has had considerable experience on each side of the question, and has had ample opportunity to notice the practical workings of many of the points at issue. He begs therefore to submit a few additional suggestions upon the same subject, some of which are too frequently ignored or overlooked.

During latter years the somewhat strained relations which have arisen between the professions of medicine and pharmacy have been the origin of an almost endless series of complaints and recriminations from each party in the controversy, and their discussions occupy to-day a considerable space in the pages of our medical and pharmaceutical journals.

The physician accuses the pharmacist of practicing medicine by prescribing over the counter. He charges him with the unauthorized renewal of prescriptions, with substitutions in their

ingredients and with adulterations of important drugs. He blames him for the sale of patent medicines, and for numerous other petty transgressions, and considers him as an impertinent invader of a territory which he, the physician, regards as particularly and exclusively his own.

On the other hand, the pharmacist regards the physician as meddlesome, and often even arbitrary and dictatorial, in his suggestions for the dispensing of remedies; he charges him with writing secret prescriptions, which can only be obtained at one particular pharmacy, and whose formula the physician refuses to divulge; he accuses him of soliciting and extorting percentages on prescriptions; he finds fault because the doctor prescribes a host of semi-proprietary pills, emulsions, elixirs, wines, etc., instead of the officinal preparations of the pharmacopœia; he sneers at his lack of practical knowledge of the combinations and incompatibilities of remedies, while, at the same time, he is unduly sensitive upon the subject of their mutual professional relations, and smarts under the idea that the physician considers him, the pharmacist, as rather his subordinate and inferior.

Now, while both sides have certain just grounds for complaint, the most of the trouble arises from a mutual

lack of comprehension of the working of certain unalterable and inevitable laws of demand and supply, by which both parties, in spite of themselves, are forced into inimical relations.

In the good old times the doctor mixed his own pills and boluses, compounded his own draughts, and then dispensed his not always palatable mixtures himself to his patients. With saddle-bags at his back, over many a mile of country, he was both doctor and druggist, and in many localities he yet, at this day, still reigns undisputed. From the days of good old Dr. Benjamin Waterhouse, who records in his ledger "A visit 2s.," or "Physick and a drench, 1s. 6d.," to the period of the modern pharmacy, with its polished counters, glittering show-cases and hissing soda-water fountain, is a long step, but still one which is but a gradual outgrowth of our social conditions. But the influence of competition—the life of trade, but often the death of profits—is responsible for the changed character of the business of the druggist at the present time. When pharmacy first stepped forth, not as the hand-maiden of medicine, but as one of its most important divisions, the occupation of the apothecary was solely that of a compounder and seller of drugs and medicines. No gaudy exhibitions of patent medicine signs, or

glittering display of toilet goods and perfumery, then filled his shop windows; but instead they were modestly arrayed, with a few specimens of familiar drugs, such as licorice-root, senna or Turkey rhubarb, with perhaps a jar of sponges or a few pieces of chemical apparatus. Those were the days when the patient and persevering toil of a Durand, a Proctor and a Parrish laid the foundations of our national pharmacopœia and dispensatory, and when the stern virtues and sterling integrity of Daniel B. Smith, Charles Marshall, Charles Ellis, Dilwyn Parrish, and many others, made the name of apothecary an honored and respected title in Philadelphia.

“Tempora mutantur et nos mutamur in illis.” So, as time went on, the ranks of the pharmaceutical profession, in the more thickly settled parts of our country, filled up, finally to overflowing, and, as in other lines of trade, far beyond its legitimate need. The demand for drugs and medicines was not in itself sufficient to furnish a remunerative profit to all engaged in the business, and so to eke out an honest livelihood, the druggist commenced to sell fancy goods, soaps, toilet articles, cigars, confectionery, stationery, and almost anything else which was asked for by his customers and on which he could make a fair profit, and here is where the seed of discord was

sown. While he compounded medicines and sold drugs he was free from the competition of all except his own professional brother, and as his occupation required the possession and exercise of considerable scientific knowledge, he could usually command a fair recompense for his material and for his professional skill. But when he entered the lists of trade, he entered into competition with men who needed no other knowledge than the wit to buy cheap and sell dear, and he became the same as they, a merchant. The pharmacist of to-day is essentially a merchant, with goods to sell. He must advertise his wares, he must employ the same methods to attract customers, he must cater to their needs, and counteract the wiles of his business opponents. Try to shift and deny as he may, his standard is a commercial standard, and not a professional one. Whether he consider himself as a merchant or as a professional man, it does not influence in the least his true situation, as long as the public, who are his customers, and without whom he cannot maintain his business, regard him simply as a shop-keeper. He must sell his goods at the same prices as his outside competitors; he must keep postage stamps, directory, etc., for the public accommodation; and be he a Ph. D., Ph. G., or a simple licensed proprietor, as long as he keeps open store, the unthinking public will make no

distinction. He must do the same as his neighbors; and should he attempt a revolt, and refuse to follow in the path, he will only meet with the same fate which Stephenson predicted for the cow when she tried to stop the locomotive: "vara bad for the coo." Formerly the pharmacist, by his position as an associate of the doctor, was an independent person; and, within moderate limits, could charge remunerative prices for his wares. Now, a variation of a few cents in the price is critically scrutinized, and but too often sends the customer to a competitor in business. Between the monopolization of his fancy goods trade by the large dry goods houses, the demoralization of his patent medicine business by the "cutters," and the gradual curtailing of his legitimate occupation by the inroads of homœopathy and the increase in the number of pharmacies, the professional pharmacist is to-day pushed closely to the wall, and often obliged to struggle for his life.

Now, neither can the physician prevent the pharmacist from counter-prescribing, nor can the pharmacist avoid it even if he so desires. It is a legitimate outgrowth of certain forms of the practice of medicine. For hundreds of years mankind has associated together the drug and the doctor. Where one is the other must be also; one cannot accomplish without the other; and though

time and human agencies have divorced the healer of disease and the compounder of simples, into two distinct and separate classes, the public refuse to recognize the separation, and still first seek the place where the remedy for sickness is to be obtained. Sometimes they claim sufficient knowledge to select remedies, more frequently it is to ask the advice of the "doctor" at the drug store, as they term our friend the pharmacist; but, all the same, to the drug store they will go. Frequently it is from motives of economy, for the general public is not rich, and the physician's fee, in addition to the cost of medicine, is to them an item of expense which is to be avoided unless absolutely necessary. Now, unless the retail druggists as a body refuse to prescribe for the public, it is impossible for any single one to refuse to comply with their wishes without suffering a business loss. And it is improbable that the drug trade will ever attempt to do this. The trade is too lucrative and the importunity of the public too great. The man who refuses to prescribe will see his customers walk away to his next corner neighbor, and get there the advice and medicine they want; he will lose his business, while the medical profession, to whose interest he has sacrificed his own, will give him no additional patronage, and probably call him a fool for his pains. Should an

accident happen on the public thoroughfare the sympathizing bystanders will rush with the sufferer, not to the nearest doctor's office, but to the nearest drug store. And should the druggist refuse his offices to the injured party, he will call down upon himself such a storm of public condemnation as will fairly make him shake in his shoes. So as long as he cannot help himself, even if he would, let the doctor stop berating him, and bestir himself to find a better way to remove or modify the offending practice.

In the matter of renewing prescriptions, the pharmacist is often too severely blamed. A large majority would be glad to refuse a renewal, could they feel sure of an unswerving support from the medical profession. But so long as the great majority of the doctors fail to give any authorization to the druggist for so doing by omitting to specify on the prescription "Do not renew," they cannot complain that their wish is disregarded. The situation is like that in the fable of the monkey and the chestnut. The doctor wants the fat roasted chestnut of a frequent fee; but he don't want to burn his fingers with the wrath of his patient and lose probably his future patronage. The latter generally regards the little piece of paper as an article of value, for which he has paid money, and

consequently as entirely subject to his control. So the druggist is expected to step in as the obliging pussy cat, refuse to renew the prescription, and burn his fingers by incurring the ill will of his customer. Let every physician forbid a renewal, and have it printed *conspicuously* on his prescription ; and the outcry about renewals would soon cease.

In regard to substitution and adulteration, it must be admitted that in numerous cases the charge is a true one, and the evil is of growing dimensions. With the reduction in the margin of profits caused by the fierce business competition of the present day comes the temptation to adulterate or substitute inferior quality. No condemnation can be too severe for the man who thus trifles with human life; and if he cannot carry on his business honestly, he had better abandon it and seek some other occupation.

So much for the pharmacist. But as to the physician,—alas, poor man, what shall we say of him? Truly the lot of the general medical practitioner of the present is like that of the policeman : decidedly “not a happy one.” The foes of the druggist are principally from the outside; but the enemies of the doctor are of his own household. With the gynaecologist, neurologist, laryngologist, ophthalmologist, and all

the other "ologists," who monopolize his best patients and bid openly for their fees, the legion of free hospitals and dispensaries who kindly take care of that large portion of the dear public who will never pay for a thing as long as they can get it for nothing, and the druggist, who unselfishly relieves him of the venereal cases, the minor surgery, and the petty ailments, it is rather difficult to find out just what remains for the general practitioner. In fact, a recent medical writer suggests that "It would not be wise to state it definitely, lest some one should at once seize it as a new specialty," and so leave him entirely bereft. He does not like to pitch into the specialist too severely, for perchance he hopes that some day he too may become a specialist himself. But the druggist looms up before his eyes as a rank offender; as an assistant who, growing big, has usurped the dignities and embezzled the emoluments of his employer; and he "goes for him" with all his energy.

The physician cannot advertise himself to the public except in an indirect manner, and his opportunities for gaining wealth are thus more limited. Hence poverty or cupidity often tempt him to take advantage of his position, and to exact not only his legitimate fee, but also to take unjust toll on the

price of his prescription. This is down-right robbery. The patient suffers, not the pharmacist; for the latter will be sure to recoup himself by increasing his charges accordingly, and the patient is thus forced to pay a double fee. Let the medical profession deny it as they will, in some localities the collection of percentages is an open and settled fact, fully proved by figures and documents.

Again, the outcry is made that the physician is too apt to prescribe various remedies, more or less proprietary in character, put up by large manufacturing concerns and introduced by skilled advertising, and thus require the druggist to carry an endless variety of such articles in stock, many of which are seldom or only once called for, and thus remain a dead loss to the proprietor. But is the physician much to blame? True, he is sometimes imposed upon by the bland and suave canvasser, and the glowing printed endorsements of his own professional brethren in favor of some new remedy—*vide* stenocarpine. But when he sees remedies in convenient and compact shape, of appearance much more elegant than those he can procure from the corner druggist, and of at least equal efficacy, is it to be wondered that he should prefer X., Y. or Z.'s manufactures to the oftentimes imperfectly prepared remedies of the pharmacopœia.

And why should the druggist complain? As long as he keeps open store he must submit to the one unalterable law of traffic, namely, the needs of the *customer* are to be supplied. He will buy Lubin's extracts for Miss Jones, and Alfred Wright's for Miss Brown; he orders the great Electric Blood Purifier for young Mr. Smith, and the Mexican Mustang Liniment for old Mrs. Higgins; why should he not keep McK. and R.'s pills for Dr. A. and P. D. & Co.'s fluid extracts for Dr. B. Although he makes a great outcry about being obliged to carry so much stock, he in reality does it to a very limited extent, and, outside of a few standard preparations, shifts the burden on his wholesale druggist and lets him carry the supply for him. Nearly all the large manufacturers have established depots for their goods in the principal cities, and the druggist very rarely lays in a stock outside of his actual present need, unless he is sure of a steady sale. And in regard to dead stock, the druggist is a fortunate man. Let him turn to the book-publisher with his volumes that "don't take," valueless except as so much wasted paper, to the dry goods and trimming merchant, or the tailor, whose stock is subject to the caprice and whim of fashion, and to the deterioration and loss in other avenues of business, and then let him deny, if he can,

that his losses in this direction are extremely light. And let him remember also that if he don't keep what is called for, some one else will, and his customers will be sure to go where their needs receive best attention.

And here let a word be said for that much abused class, the modern manufacturers of pharmaceutical specialties. Notwithstanding that they have flooded the country with their "ines" and their "ias," that the mails groan with their circulars and pamphlets, that the physician's patience and his bell-wire are alike worn out by the importunities of their canvassers, and that their gratuitous samples serve to nourish a large and flourishing army of needy patients, yet it still remains that the medical and pharmaceutical professions owe to them a great debt. It is their industry and their capital which have developed the perfection of the coated-pill, and the compressed tablet, the pancreatic ferment and the scale pepsin, the smooth and palatable cod-liver oil emulsion, and the perfected extracts of malt. To their energy do we owe the modern methods of treating disease with pre-digested and concentrated foods—a plan which has been the means of prolonging many valuable lives. They have spread the fame of American pharmacy over the entire globe, and established its supremacy against all competitors;

therefore let them receive at least just recognition and honor for their labors.

Now, to "return to our muttons." What good does all this fulmination against the druggist produce to the physician? Granted, that the druggist is a rank offender in every respect; while the physician is emptying his "vials of wrath" at the meetings of his medical societies and in his special journals, the druggist is serenely prescribing over the counter at his own sweet will, and "raking in" the dollars of his patients. He cannot be restrained by legislative enactment, for the average legislator of the present day will scent in such a move a species of close corporation business which infringes upon the liberties of the dear people, and will promptly vote it down; while there is no doubt that so many cases of great hardship would arise if druggists were totally forbidden to prescribe, that any legal enactment would defeat itself and soon become a dead letter.

And in the contest between the physician and druggist the latter has all the advantages. No code of ethics binds him in professional restraint; he can advertise freely and publicly and draw out his customers with the advertisements; the physician must wait in his office until the public seeks for his aid. The druggist has the prescription of the physician to give him an insight into meth-

ods of treatment; and, last but not least, he is in constant and continual contact with the public, can easily gain its ear, and in a thousand different ways influence it for his own particular advantage.

What then is the physician to do? I answer let him meet the druggist on his own ground, and turn druggist himself. Let him go back to first principles, and as his sires did before him, let him be both druggist and doctor, and supply himself his remedies to his patients. But let him not imagine that because he has a medical degree, he is therefore qualified to conduct a pharmacy without any further training. While pharmacy is as much a branch of the healing science as is dentistry, gynaecology, ophthalmology, or any other of its many subdivisions, it has made such progress within latter years as to raise it to almost a distinct science. The average graduate of pharmacy of the present day is better taught than is the average recently fledged M. D. For at least four long years is the embryo pharmacist obliged to handle the mortar and pestle, and in daily contact and employment in the details of his profession, thoroughly trained, *practically* as well as theoretically, in its mysteries. On the other hand, to the shame of the medical profession be it said, that it is perfectly possible for a student to graduate from a reputable medical college,

without having examined a patient, or attended a confinement. Lest this statement be deemed extravagant, the reader is referred to several letters recently published in the *N. Y. Medical Journal*, in which the fact is openly and repeatedly admitted.

So let the physician take up pharmacy either as an ante or a post-graduate course, as his means may admit, and then, after he has mastered its details, let him set down and open shop as a druggist. He will gain more patients and practice in one year than he would by waiting five years in his office.

And as for the druggist, let him in turn study medicine. If he is compelled by the exigencies of his situation to prescribe over the counter, *let him do it right*. Let him acquire the necessary knowledge of disease, and human structure and function, instead of by rule of thumb, blindly formulating his prescriptions. Instead of regarding the physician as his natural enemy, let him become his professional associate, and all the outcry about interference and counter prescribing and the like, will fade away, for each physician will control the giving out of his remedies. In fact, for the druggist, the latter course has already outlined itself. In the larger cities many of the fraternity are becoming matriculates at medical schools. In this city, a prominent Chestnut street

pharmacist is now a student in the medical department of our University. And, among the writer's own circle of business acquaintances, he can number up some twenty or thirty who have either graduated as M. D., or are now taking courses in medicine.

So with the physician and pharmacist on the same ground the struggle for a livelihood can be conducted honorably and upon an equal footing; and, should in future years competition still further diminish the margins of profit, the same condition of affairs will then probably exist in all divisions of human employment.

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